

Blessed Sacrament VBS 2019 Registration Form

Mother's Name	Father's Name			
Address				
Home Phone	E-mail			
Mother's Cell Phone/Work	Father's Cell Phone/Work	_		
Emergency Contact (other	than parent)			
Name	Phone Number			
	t your child gets home safely to you. Please let us r child at the end of VBS. Please make sure that t m. Thank you.			
Name	Phone Number	_		
	Children to be enrolled			

Name Age Shirt Size Grade Completed

Health Concerns - Food Allergies

Name	Conc	Concern				
Name	Conc	Concern				
Name	Conc	Concern				
Registration Cost P	er Family					
\$25 for one	child \$40	O for two children_	\$50 for thr	ree or more children		
(For office use only)						
Date Received:	Amt Paid \$	Cash/Check #	BAL Due \$	Staff Initials:		
in this VBS and that I will be authorize and consent the \ physician, hospital, or medi hereby do release and fore named above shall or may hulless other written instruc	notified as soon as po /BS Team, or other assocal clinic for my son/da /er discharge the Dioce have for any reason, ari	ecautions will be taken to safegossible in the event of an emery ociated volunteers of the VBS aughter in the event that myselese, and Parish from all mannelising during my child's attendate oconsent to allowing my child advertisement of Parish VBS properties.	gency. In the case sickness program to obtain medicall or other legal guardian (ers of actions, claims which ance of the VBS. I's image to be recorded, or	ss or an accident, I al care from a licensed (s) cannot be reached. I n I or the child/children either by photograph or		
Parent signature						
Date						

There will be water games played daily, so please make sure that your child brings a towel and a change of clothes or bathing suit.